

# IN THE U.S. PATENT AND TRADEMARK OFFICE

Application Transmittal Sheet

Our Ref./Docket No.: BIGBOW-0

Box Patent Application COMMISSIONER FOR PATENTS Washington, D.C. 20231

Dear Commissioner:

Transmitted herewith is the par	ent application of	
	INVENTOR(	s)/APPLICANT(s)
Last Name I	irst Name, MI	Residence (City and State or Country)
Jilk, Jr. Checkoway Hoffman Additional inventors at	David J. Daniel A. Jonathan P. re being named on se	Superior, Colorado Newport Beach, California Covina, California eparately numbered sheets attached hereto.
	TITLE OF	THE INVENTION
SYSTEM, METHOD, API WEB SITE BY ELECTRONIC		PUTER PROGRAM PRODUCT FOR OPERATING A
CORR	ESPONDENCE ADDRE	ESS AND AGENT FOR APPLICANT(S)
X Customer Num	ber 21921	
	ENCLOSED APPLICAT	TION PARTS (check all that apply)
Included are:  X 68 sheet(s) of sp X 22 sheet(s) of for Information Disclosu Form PTO-1449: INI copy of each reference Declaration and Pow An assignment of the A letter requesting re An assignment Cove	ceification, claims, and a mal Drawing(s) with a stree Statement. FORMATION DISCLO es included in PTO-144 er of Attorney invention to <u>BigBow.ec</u> coordation of the assignr Sheet. are being named on sep A verified statement: filed.	abstract submission letter to the Official Draftsperson  ISURE CITATION IN ANAPPLICATION, together with a 19.  19.  19.  10.  10.  11.  11.  12.  13.  14.  15.  16.  16.  16.  16.  16.  16.  16

## Certificate of Mailing under 37 CFR 1.10

I hereby certify that this application and all attachments are being deposited with the United States Postal Service as Express Mail (Express Mail Label: <u>EL752476236US</u> in an envelope addressed to Box Patent Application, Commissioner for Patents, Washington, D.C. 20231 on.

Name: Dov Rosenfeld, Reg. No. 38687

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	TOTAL CLAIMS	NO. OF EXTRA CLAIMS	RATE	EXTRA CLAIM FEE
TOTAL CLAIMS	81	61	\$9	\$ 549.00
INDEP. CLAIMS	7	4	\$40	\$ 160 00
BASIC APPLICATION FEE:			\$ 355.00	
TOTAL FEES PAYABLE:			\$1,064.00	

#### METHOD OF PAYMENT

_	A check in the amount of	is attached for application fee and presentation of claims	
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A check in the amount of \$40.00 is attached for recordation of the Assignment.

The Commissioner is hereby authorized to charge payment of the any missing filing or other fees required for this filing or credit any overpayment to Deposit Account No. 50-0292

(A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

Respectfully Submitted.

Feb 9, 200 /

bov Rosenfeld , Reg. No. 38687

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## ATTORNEY DOCKET NO. BIGBOW-001-1

### Application Cover Sheet (cont.)

### INVENTOR(s)/APPLICANT(s)

Last Name	First Name, MI	Residence (City and Either State or Foreign Country)
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